

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035829

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 427

FILED OCT 9 1962

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington Mo.</u>		c. CITY OR TOWN <u>Farmington</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>House Of Ruth</u>		d. STREET ADDRESS (If outside, give location) <u>101 Westmoor Dr</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>B</u> Last <u>Bemis</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>3</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/17/02</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Army Officer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Army Officer</u>	
13a. FATHER'S NAME <u>George Bemis</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>101 Westmoor Dr</u>	
17. INFORMANT <u>Mrs Charles B Bemis</u>		17. ADDRESS <u>Farmington Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Emphysema</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10:45</u> a.m. p.m. Month, Day, Year <u>1962</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Farmington</u> COUNTY <u>Missouri</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>1962</u> to <u>Oct 1962</u> and last saw him alive on <u>Sept 30/62</u> Death occurred at <u>10:45</u> A. m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Kevin Karroku M.D.</u> (Degree or title) 22b. ADDRESS <u>Farmington, Mo</u> 22c. DATE SIGNED <u>10/5/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/7/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillview Memorial Gardens</u>	23d. LOCATION (City, town, or county) <u>Farmington Missouri</u>
24. FUNERAL DIRECTOR <u>C.H.COZEAN FARMINGTON MO.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 6 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

OCT 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

C. H. Cozart

Licensed Embalmer No. 4084

P. O. Address Farmington Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.